Please type	a olue eign	(±)	inside this box		
Please type	a blus sign	1+	inside this box	<del></del>	1 <b>- T</b> I

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR		Attorney Doc	ket Number	P61103		
DECLARATION FOI DESIGN		First Named I	nventor	KUSAK, Jiri		
PATENT APPL			COMPLETE IF KNOWN			
(37 CFR 1		Application Nu	ımber	/		
	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date				
Declaration Submitted OR		Group Art Unit				
with Initial Filing		Examiner Nan	ne			
As a below named inventor, I he	arehy declare that:	. =				
•	•	ed below next to my n	ame			
My residence, mailing address, and citizenship are as stated below next to my name.  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
COMMINUTER STRIKER PLATE						
the specification of which	(Ті	itle of the Invention)		<del></del>		
is attached hereto						
OR was filed on (MM/DD/YYYY)		as United	States Applicat	ion Number or PCT International		
Application Number	Application Number (if applicable).					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claime	Certified Copy Attached? YES NO		
			0000	0000		
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.						
Application Number(s)	Filing Date	• (MM/DD/YYYY)	numi supp	tional provisional application bers are listed on a lemental priority data sheet /SB/02B attached hereto.		

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box 

+ Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

	Customer Nui or Bar Code L		22839		AND	Correspondence address below
Name RICHES, McKENZIE & HERBERT LLP						
Address 2 Bloor Street East, Su	ite 1800					
Address			<u> </u>			
City Toronto				State	Ontario	ZIP M4W 3J5
Country CANADA Telephone (416) 9			961-5000 Fax (416) 961-5081		Fax (416) 961-5081	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INV	ENTOR:			A petit	ion has been fil	ed for this unsigned inventor
Given Name			Family Name KUSAK			
				Date y Nov. 26, 2003		
Residence: City St. Catharines State ON			NT	Country CA	Citizenship CA	
Mailing Address 45 Allanburg Road						
Mailing Address						
City St. Catharines	<sub>State</sub> Ontario		ZIP L2T 3Z2		Country Canada	
NAME OF SECOND INVENTOR:			A petition has been filed for this unsigned inventor			
			Family Name or Surname			
Inventor's						
Signature			1		<u> </u>	Date
Residence: City State		State		Country	Citizenship	
Mailing Address						
Mailing Address						
maning Address						
City	State			ZIP		Country
Additional inventors are being named	I on the	suppleme	ntal Additio	nal Invei	ntor(s) sheet(s) PT0	D/SB/02A attached hereto.

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	Not yet known				
Filing Date	Concurrently herewith				
First Named Inventor	KUSAK, Jiri				
Title	Comminuter Striker Plate				
Group Art Unit					
Examiner Name					
Attorney Docket Number	P61103				

I hereby appoint:					
Practitioners at 0  OR Practitioner(s) na	Customer Number 022839	Place Customer Number Bar Code Label here			
	Name	Registration Number			
	Name Registration Number				
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.					
	espondence address for the above-ident	ified application to:			
	ned Customer Number.				
OR Practitioners at Cur	stomar Number	Place Customer Number Bar Code			
Practitioners at Customer Number  BY  Number Bar Code  Label here					
Firm or Individual Name	RICHES, McKENZIE & HERBERT LLP				
Address	2 Bloor Street East				
Address	Suite 1800				
City	Toronto	State Ontario Zip M4W 3J5			
Country	Canada				
Telephone	(416) 961-5000 Fax (416) 961-5081				
I am the:					
Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71.					
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name JIRI KUSAK					
Signature					
Date Nov. 26, 2003					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
*Total offorms are submitted.					